# True Resolutions Inc.
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Aug/09/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Left shoulder rotator cuff repair subacrominal decompression/TEN

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Orthopedic surgery

**REVIEW OUTCOME:**
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**
ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy progress notes Sports Rehab 02/22/12-03/07/12
Clinical notes Orthopedic Group 03/22/12-07/24/12
Clinical notes Med Clinic 02/16/12-03/15/12
MRI left shoulder 02/27/12
Prior reviews 05/23/12 and 07/06/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The patient is a male who sustained an injury on xx/xx/xx while moving a ladder. Patient stated he felt a sharp pull in the left lateral shoulder and has since experienced decreased range of motion and pain. The patient was initially seen on 02/16/12 and physical examination revealed tenderness to palpation of the lateral deltoid of the left shoulder. The patient was not able to abduct past 90 degrees. MRI of the left shoulder completed on 02/27/12 revealed a low grade partial thickness articular surface tear of the supraspinatus tendon. The patient was referred for physical therapy from 02/22/12 through 03/07/12 for six sessions. Follow up on 03/15/12 did not report any new physical examination findings. The patient was evaluated at Orthopedic Group on 04/24/12. The patient reported left shoulder pain with exertion. Medications at this visit included tramadol, verapamil, and ibuprofen 800mg. Physical examination revealed tenderness over the greater tuberosity of the left shoulder. Range of motion was mildly limited with abduction at 130 degrees. Hawkins and Neer impingement signs were positive as well as O'Brien's test. The patient was stated not to have improved with shoulder injections. Clinical evaluation dated 04/24/12 stated the patient has had no change on physical examination; however, poor effort was noted by the patient during testing. Follow up on 07/24/12 states patient had continued anterior left shoulder pain with persistent popping. Medications at this visit included Voltaren gel, ibuprofen, verapamil, and tramadol. Physical examination was again unchanged with poor effort noted at testing. The patient was noted to be non-compliant with instructions. The

request for left shoulder rotator cuff repair and decompression was denied by utilization review on 05/23/12 due to minimal objective findings and lack of MRI evidence to support the requested procedures. The request for left shoulder rotator cuff repair subacromial decompression and biceps tendon repair was again denied by utilization review on 07/06/12 due to lack of imaging evidence.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The requested left shoulder rotator cuff repair with subacromial decompression/TEN is not recommended as medically necessary based on current evidence based guidelines. The patient does report continued left anterior shoulder pain despite physical therapy and injections. The patient has positive impingement signs noted on physical exam; however, the most recent clinical evaluation does reveal that the patient was non-compliant with instructions and gave very poor effort during the exam. The MRI of the left shoulder is fairly unremarkable. Only slight fraying of the articular surface of the supraspinatus tendon was identified and there is no evidence of significant impingement on the MRI study or evidence of biceps tendon pathology that would reasonably require the requested surgical interventions. Due to the lack of any significant imaging evidence to support the surgical requests and given the patient's continuously poor efforts on physical examination there is insufficient evidence objective evidence to support the surgical request. As such medical necessity is not established and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**